Illinois

NOV - 9 2007

## IDFPR (MPC) DIVISION OF INSURANCE OPRINGS (MPC)

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>06/01/2008</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability     Private Passenger     Commercial		
Automobile Physical Damage     Private Passenger     Commercial		
Liability Other than Auto     Burglary and Theft		
5. Glass 6. Fidelity 7. Surety 9. Suite State of the stat		
9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril GFIELD, ILLINOIS		
15. Workers Compensation 16. Other	111,033,874	+ 0.2 %
Line of Insurance		
Does filing only apply to certain territory (territories) or certain old	asses? If so, specify No	
Brief description of filing (if filing follows rates of an advisory organization (Adopt 1/1/08 Advisory Rates)	anization, specify organization	on) <u>See Filing Memorandum;</u>

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official -- Title

Illinois

NOV - 9 2007

## IDEPRI (MEC) DIVISION OF INSURA

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2008</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	•	
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial	<del></del>	
3. Liability Other than Auto	<del> </del>	
4. Burglary and Theft		
5. Glass		
6. Fidelity	<del></del>	
7. Surety JAN 0. 1. 2008		
8. Boiler and Machinery		
9. Fire		<del></del>
10. Extended Coverage LD, (LLINOIS		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	899,986	+ 0.2 %
15. Workers Compensation	033,300	. 0.2 70
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain clas	sses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory orga (Adopt 1/1/08 Advisory Rates)	nization, specify organiza	tion) See Filing Memorandum;

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager
Official -- Title



NOV - 9 2007

## DIVISION CORPORANCE

### **FORM RF-3**

ILLINOIS SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage		(∠) Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
Automobile Liability		voidine (minois)	Grange (* Or =)
Private Passenger			
Commercial			
2. Automobile Physical Damag	ge		
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity	NON WELL DESA	) <del>[</del>	
7. Surety	The January Carllell Corpa		
8. Boiler and Machinery	ti managaran da man		
9. Fire	•		
Extended Coverage	, JAN 6 1 2008		
1. Inland Marine	i		
2. Homeowners			
3. Commercial Multi-Peril	SPANGFIELD, ILLINO		
4. Crop Hail	The second secon	45,286,958	+ 5.5 %
5. Workers Compensation		45,200,900	+ 3.3 78
6. Other		<u></u>	
Line of Insurance			
one filing only apply to certain:	territory (territories) or certain clas	sses? If so, specify No.	
bes ming only apply to octain.	torners (torners)		
tof december of Stone (16 Stone	follows rates of an advisory areas	nization enocify organiza	tion) - Adont 1/1/I)R Advisory Rai
ief description of filing (if filing	follows rates of an advisory organ	nization, specify organiza 's Deviation from -5% to	tion) Adopt 1/1/08 Advisory Rai
ief description of filing (if filing and change ACE Property a	follows rates of an advisory organ and Casualty Insurance Company	nization, specify organiza 's Deviation from -5% to	tion) Adopt 1/1/08 Advisory Ra 0%
rief description of filing (if filing and change ACE Property s	follows rates of an advisory organ and Casualty Insurance Company	nization, specify organiza 's Deviation from -5% to	tion) Adopt 1/1/08 Advisory Ra 0%

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates,

ACE PROPERTY & CASUALTY INSURANCE COMPANY Name of Company

> Steve Kreider - WC Associate Product Manager Official - Title

DEC - 7 2007

Form (RF-3)

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INCUMANCE

APR 0 1 2008

Change in Company's premium or rate level produced by rate revision effective

April 1, 2008

	(1)	(2)	(3)
	(a- <del>34)-11</del>	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	<u></u>	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$1,156,467	+9.2%
	Line of Insurance		

na	erfain ferritory (territories) or certain classes? If so, specify	
Brief description of filing.	(If filing follows rates of an advisory organization, specify organ	nization):
Adopting NCCI's advisor	y rates, loss costs, and rating values, circular IL-2007-08	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

All America Ins Co

Name of Company

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	1/1/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobite Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         <ul> <li>Line of Insurance</li> </ul> </li> <li>Does filing only apply to certain territory</li> </ol>	\$199,369  (territories) or certain classes? If so, specify:	+3.07% No
*Adjusted to reflect all prior rate change:	s. which will result from application of new rates	
	Wendy J. Book, C	Name of Company  Corporate Compliance Manager  Official Title



# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	01/01/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         <ul> <li>Line of Insurance</li> </ul> </li> <li>Does filing only apply to certain territory minimum premium of \$500 for Class 910</li> </ol>	\$3,397,461  (territories) or certain classes? If so, special.	+1.6%
*Adjusted to reflect all prior rate changes	hich will result from application of new rate  Argonaut Gre	



# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	01/01/2008
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
OOVERAGE	Volume (minora)	Ottorigo (* ot )
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> </ol>		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$2,122,257	+4.0%
minimum premium of \$500 for Class 91  Brief description of filing. (If filing follow	vs rates of an advisory organization, speci- including experience rating plan and retros	fy organization): We are filing to adopt
*Adjusted to reflect all prior rate change **Change in Company's premium level	s. which will result from application of new rate	<b>es</b> .
	Argona	aut_Insurance Company
		Name of Company
,	Jamie Schimm	nelpfenning - Regulatory Analyst
		Omdal = 10e



## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective	01/01/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private     Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
<ul><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li></ul>		-
15. Other Workers Compensation	\$900,641	+4.0%
Line of Insurance	1+0,000	14.070
minimum premium of \$500 for Class 910  Brief description of filing. (If filing follow	s rates of an advisory organization, specificularly	y organization): We are filing to adopt
*Adjusted to reflect all prior rate changes		s.
	Argonaut-M	lidwest Insurance Company Name of Company
	Jamie Schimm	elpfenning - Regulatory Analyst Official - Title



DEC - 7 2007

Form (RF-3)

**SUMMARY SHEET** 

IDFPR (MPC)
DIVISION OF LABORANCE

(	Change in Company's premium or ra	te level produced by rate revision effective	April 1, 2008
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
			Change (+ or -)**
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
•	Private Passenger		
	Commercial		
		<u> </u>	
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
<b>).</b>	Fidelity		
<b>'</b> .	Surety		
١.	Boiler and Machinery		
).	Fire		
).	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	60 501 514	+9.2%
	Other Workers Comp	\$8,591,714	19.270
	Line of Insurance		
a		(territories) or certain classes? If so, specify:	
ief d dop	description of filing. (If filing follow ting NCCI's advisory rates, loss cos	ws rates of an advisory organization, specific sts, and rating values, circular IL-2007-08	
			APR 0 1 2008
	The state of the s		- 2008
	djusted to reflect all prior rate chang	ges.	1
C	hange in Company's premium level	WILLIA WILL	IGFIELD, ILLINOIS
re	sult from application of new rates.		
			•
		Centr	al Mutual Ins Co
		Contra	Name of Company
			* (mino or oompuny
		(N. Karan )	\ Datrica Mayer
			) Petrise Meyer
			) Petrise Meyer tes and Forms Analyst

### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		03/01/2008	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         <ul> <li>Line of Insurance</li> </ul> </li> <li>Does filing only apply to certain territory</li> </ol>	\$61,303,111.  (territories) or certain classes? If so, specif	+4.50%  fy: All classes and codes are affected.	
Brief description of filing. (If filing follows NNCCI's rates effective 3/1/08. Please	rates of an advisory organization, specify reference NCCI circulars IL-2007-08, IL-20	organization): <u>We are adopting</u> 07-07 and IL-2007-05.	
*Adjusted to reflect all prior rate change: **Change in Company's premium level w	s. which will result from application of new rate	es.	
The state of the s	The Cin	cinnati Casualty Company	
		Name of Company	
	Conr	nie Petertonies - Analyst	
		Official - Title	

STATE OF ILLINOIS/IDEPR

MAR 0 1 2008

#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective _	03/01/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         Line of Insurance</li> <li>Does filing only apply to certain territory</li> </ol>	\$8,342,551.  (territories) or certain classes? If so, speci	+4.30%  ify: All classes and codes are affected.
Brief description of filing. (If filing follows NCCI's rates effective 3/1/08. Please ref	rates of an advisory organization, specify ference NCCI circulars IL-2007-08, IL-200	organization): <u>We are adopting</u> 17-07 and IL-2007-05.
*Adjusted to reflect all prior rate changes  **Change in Company's premium level w	Anich will result from application of new rat	es.
	The Cin	cinnati Indemnity Company Name of Company
	Con	nie Petertonjes - Analyst Official - Title
•		emple - me



#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		03/01/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         Line of Insurance     </li> </ol>	\$11,113,903.	+5.00%
	(territories) or certain classes? If so, specif	
	rates of an advisory organization, specify of ference NCCI circulars IL-2007-08, IL-2007	
*Adjusted to reflect all prior rate changes **Change in Company's premium level y	hich will result from application of new rate	98.
	The Cinc	innati Insurance Company
		Name of Company
	Conn	ie Petertonjes - Analyst Official - Title
		Single THY

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

1 1 **0 1** 2008

NOV 3 0 2007

Form (RF-3)

#### SUMMARY SHEET

DEPR (MPC)
DIVISION OF INSURANCE

Change in Company's premium revision effective 1/1/08	m or rate level produced b	by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Worker's Compensation	256, 176	9.6%
Line of Insurance  Does filing only apply to certain  If so, specify:	territory (territories)or	certain classes?
Brief description of filing. (If organization NCCI's 1/1/2008 Loss Costs, as wel	i): The purpose of this f	iling is to adopt
2.28	- 21/2	Town
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	ate changes. el which will	APR 0 1 2008
	Name of Compar	TV
	•	• •

WillDais

-Manager, Actuarial Services

Official - Title

NOV 3 0 2007

Form (RF-3)

#### SUMMARY SHEET

DEPR (MPC)
DIVISION OF MISURANCE
SPRINGERED

Change in Company's premium revision effective 1/1/200	n or rate level produced by 8	rate
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenge	JRANCE STOFFR	
3. Liability Other Than Art.		
4. Burglary and Theft	2008	
4. Burglary and Theft 5. Glass APR 0 1	2000	
6. Fidelity		
7. Surety 8. Boiler and Machiner SPRINGFIELD. 9. Fire	ILLINOIS	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	1,612,659	4.68
15. Other Worker's Compensation Line of Insurance	1,012,039	4100
Does filing only apply to certain  If so, specify:	territory (territories)or (	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of an ): The purpose of this fi	advisory ling is to adopt
NCCI's 1/1/2008 Loss Costs, as wel	l as to increase our loss	cost multiplier by
1.6%		
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	
Compa	anion Property & Casualty I Name of Company	

WillDais

-Manager, Actuarial Services

Official - Title

DEC 1 0 2007

Form (RF-3)

### ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	<u>Volume (Illinois)*</u>	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial	<u>,, </u>	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	752,605 (CY2006)	4.0%
Does No.	filing only apply to certain territory (territor	•	
	description of filing. (If filing follows rates of dopt NCCl's 1/1/2008 loss costs	f an advisory organization, specify orga	<del></del>
	isted to reflect all prior rate changes. ange in Company's premium level which wi	Il result from application of new rates.	
		Cram 8	Forster Indemnity Company
		- Crain o	Name of Company

DIVISION OF INSURA US STATE OF ILLINOIS/IDE/H FERRISE D

Official - Title

MAR 0 1 2008

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

JAN 0 1 2008

Change in Company's premium or rate level pro	duced by rate revision effective 01/01/0	8
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability Private	·	
Passenger Commercial		•
Automobile Physical Damage		· · · · · · · · · · · · · · · · · · ·
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	#7.770.550	
15. Other Workers Compensation Line of Insurance	\$7,773,558	6.80%
Line of insurance		
Does filing only apply to certain territory (territori exception for class code 6204 Drilling NOC and		All territories, all classes with
Brief description of filing. (If filing follows rates of advisory rates approved in NCCI circular IL-200	of an advisory organization, specify organization): 7-08 at current modification of 1.00.	We are adopting the
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which wi	If result from application of new rates.	
	EMCASCO In	surance Company
		of Company
	- Sinday	amson
	· Offici	assistant Secretary

### ILLINOIS DEPARTMENT OF INSURANCE

JAN 0 1 2008

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

**SUMMARY SHEET** 

SPRINGFIELD, ILLINOIS

ange in Company's premium or rate level p	roduced by rate revision effective	
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	<del></del>	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
. Crop Hail		
Other Workers Compensation	<b>\$</b> 4,375,419	11.20%
Line of Insurance		
es filing only apply to certain territory (territo	ories) or certain classes? If so, specify:	All territories, all classes with
ception for class code 6204 Drilling NOC an		
ef description of filing. (If filing follows rate	s of an advisory organization, specify organization):	We are adopting the
visory rates approved in NCCI circular IL-20	007-08 at current modification of 1.00.	

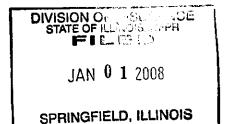
Employers Mutual Casualty Company Name of Company assit Secretary

<sup>\*</sup>Adjusted to reflect all prior rate changes.
\*\*Change in Company's premium level which will result from application of new rates.

#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		01/01/2008
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> </ol>		
<ol> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ol>		
15. Other Workers Compensation Line of Insurance  Does filing only apply to certain territory	\$8,223,225 (territories) or certain classes? If so, specify:	+3.5% No
	ws rates of an advisory organization, specific currently filed loss cost multiplier of 1.584 to	
*Adjusted to reflect all prior rate changes	s. Virich will result from application of new rates.	
Change in Company 5 promium lever t	FCCII	nsurance Company lame of Company
	Debra J. Comstoo	ck, Regulatory Filing Specialist Official – Title



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DEC - 6 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

DEC - 3 2007

IDEPR (MPC)
DIVISION OF INSURANCE

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effective	-1.4
	(1) DIVISION OF STATE OF IL	(2) [NSURATIONAL Premium [NOIS DESCRIPTION OF THE PROPERTY OF	(3) Percent Change (+ or -)**
1.	Automobile Liability JAN 6 Private Passenger	1 2008	<u></u>
2.	Commercial SPRINGFIELD Automobile Physical Damage Private Passenger Commercial	), ILLINOIS	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,313,528	-1.4%
	Line of Insurance		
Does 1	filing only apply to certain territory (ter	ritories) or certain classes? If so, specif	y:
No.			
Brief We a	are filing to adopt the 1/1/2008 NCCI lo	rates of an advisory organization, specifoss costs. We are filing to change our lo	y organization): ss cost multiplier from 1.435 to
** C	djusted to reflect all prior rate changes.  change in Company's premium level where the same application of new rates.		
			ists' Mutual Insurance
			Name of Company
			ielle Milby, Compliance lyst II

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	1/1/2008 New & Renewal
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	•	
10. Extended Coverage	<u> </u>	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	ALCOHOLO CONTRACTOR CO	
14. Crop Hail		
15. Other 16.0 Workers' Compensation	49,257	0.3%
Line of insurance		
Dans filing only comby to cortain torritory (to	mitorios) or cortain eleccos? If so, specific	NO
Does filing only apply to certain territory (te	intolles) of certain classes? If so, specify.	NO
Brief description of filing (If filing follows ra	tes of an advisory organization, specify orga	nization):
	08 and revising company loss cost multiplier for both con	
The are adopting 11001 to oddines in ortodal in-2007-	to alle to stating delingers, 1000 door manipulation boat deli	
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level whi	ch will result from application of new rates.	
	,,	
	GuideOne Elit	te Insurance Company
	Nam	ne of Company
	Scott Reddig	g, Chief Actuary & SVP
		fficial - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		1/1/2008 New & Renewal
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial		
<ol> <li>Automobile Physical Damage Private Passenger Commercial</li> </ol>		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<u></u>
8. Boiler and Machinery		
9. Fire		
<ul><li>10. Extended Coverage</li><li>11. Inland Marine</li></ul>		<del></del>
12. Homeowners		<del></del>
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other 16.0 Workers' Compensation	1,174,010	0.0%
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	NO
Brief description of filing. (If filing follows We are adopting NCCI LC outlined in circular IL-20	s rates of an advisory organization, specify organization of an advisory organization, specify organization, specify organization, specify organization, specify or both company loss cost multiplier for both cost cost cost cost cost cost cost cost	nization):
*Adjusted to reflect all prior rate change **Change in Company's premium level	s. which will result from application of new rates.	
	GuideOne Mu	tual Insurance Company
	Nam	ne of Company
	Scott Reddig	g, Chief Actuary & SVP
	·	fficial - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

#### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		01/01/08	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$4,383,225	5.10%	
Does filing only apply to certain territory (territor exception for class code 6204 Drilling NOC and	ies) or certain classes? If so, specify: Drivers rate of \$11.07	All territories, all classes with	
Brief description of filing. (If filing follows rates advisory rates approved in NCCI circular IL-200	of an advisory organization, specify organization	zation): We are adopting the	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which w	ill result from application of new rates.		

Illinois Emcasco Insurance Company Name of Company

Assistant Secretary DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 0 1 2008

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## DEPR (MPC) DIVISION OF INGURANCE

#### **ILLINOIS SUMMARY SHEET**

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 06/01/2008.

(1) Coverage	(2) Annual Premium	(3) Percent
1. Automobile Liability	Volume (Illinois)*	Change (+ or –)**
Private Passenger	<u></u>	
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		<del></del>
7. Surety		
8. Boiler and Machinery 9. Fire	<del></del>	
01//07		
10. Extended Coverage STATE OF III. Inland Marine	Min Inc.	
12. Homeowners	OISH 2	<del></del>
13. Commercial Multi-Peril		
14. Crop Hail $\int \int \partial $	<del>-  </del>	
15. Workers Compensation	2008 64,295,117	+ 0.2 %
16. Other SPDIA	0 1,200,111	7,2 70
Line of Insurance		
16. Other SPRINGFIELD, IL	LINOIS /	
Does filing only apply to certain territory (territories) or	certain classes? If so, specify No	
	<del>-</del>	
Brief description of filing (if filing follows rates of an ad	visory organization, specify organizat	tion) See Filing Memorandum;
(Adopt 1/1/08 Advisory Rates)		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA Name of Company

Steve Kreider - WC Associate Product Manager Official - Title

DEC - 4 2007

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
<ol> <li>Automobile Liability         Private Passenger         Commercial</li> <li>Automobile Physical Damage         Private Passenger         Commercial</li> <li>Liability Other than Auto</li> <li>Burglary and Theft</li> <li>Glass         DIVISION OF INSURANCE</li> <li>Fidelity         Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> </ol>		
14. Crop Hail 15. Workers Compensation	\$368,797	-2.3%
16. Other Line of Insurance		
Does filing only apply to certain territory (territories) or certain classifier description of filing (if filing follows rates of an advisory organization of NCCI's Advisory Loss Costs, Miscellaneous Values and	inization, specify organiza	
		***

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance Name of Company

Judy L. Smith - Lead Analyst Official -- Title

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective		<u>January 1, 2008</u>	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
1. Automobile Liability	volume (minois)	Change (+ or -)	
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			
3. Liability Other than Auto		<del></del>	
4. Burglary and Theft		<del> </del>	
i. Glass			
3. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
0 Extended Coverage			
1. Inland Marine			
2. Homeowners			
3. Commercial Multi-Peril 4. Crop Hail			
4. Crop Hail			
5. Workers Compensation	829,957	+4.0%	
6. Other			
Line of Insurance			
es filing only apply to certain territory (territories) or ce	ntain classes? If so, specify	<u>No</u>	
rief description of filing (if filing follows rates of an advise the time, the Manufacturers Alliand the loss costs approved in NCCI's filing the loss costs app	e Insurance Company ng #IL-2007-08 for use	(NAIC #36897) files	
Change in Company's premium level which will reserve	Manuf	acturers Alliance Insura	
	('Amn	anv	
	Compa	Name of Company	
		-	
		Name of Company	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)  FORM (RF-3)	DIVISION OF INSU CE STATE OF ILLINOIS
SUMMARY SHEET	JAN 0 1 2008
Change in Company's premium or rate level produced be effective January 1, 2008	y rate revision SPRINGFIELD, ILLINOIS
(1) (2) Annual Premium Coverage Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine	0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%
12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers Compensation Life of Insurance  *Dec 2006 - Nov 2007  Does filing only apply to certain territory (territoriasses? If so, specify: All territories.  Brief description of filing. (If filing follows rangemization, specify organization): Adopting NCCI's adv	tes of an advisory

Midwest Family Mutual Insurance Company
Name of Company FILED

Dawn Young, R&D Analyst
Official--Title

MAR 1 7 1983

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

## ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	January 1, 2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
	Totalio (iiiiisis)	
Automobile Liability Private     Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
E Olsse		
A EST-196		
7. Surety		
8. Boiler and Machinery		
Ad Internal Sauthan		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation  Line of Insurance	7,647,111	0.3%
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which		es. aukee Casualty Ins. Co.
Corrected	Total A	Name of Company
	Jon Zetlau- Bu	reau/Forms Compliance Manager
DIVIS DEC	I O SE	DIVISION OF INSURANCE STATE OF ILLING COPPER STATE OF ILLING COPPER STATE OF ILLING STATE OF ILLINOIS
MINGFIE	ELD, ILLINOIS	

#### ILLINOIS DEPARTMENT OF INSURANCE

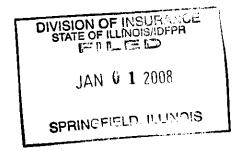
#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective _		01/01/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> </ol>		
Commercial Multi-Peril     Crop Hail     Other Workers Compensation     Line of Insurance	\$647,532 (territories) or certain classes? If so, specify:	+3.3%
Brief description of filing. (If filing follow 01/01/08 Loss Costs with a change to the *Adjusted to reflect all prior rate changes	vs rates of an advisory organization, speci e currently filed loss cost multiplier of 1.819 to	fy organization): <u>Adoption of NCCI's</u> o 1.857.
**Change in Company's premium level w	hich will result from application of new rates	
	-	ck, Regulatory Filing Specialist Official – Title
	JAN 0 1 2008  SPRINGFIELD, ILLINOIS	IDFPR (MPC) DIVISION OF INSURANCE

#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate I	evel produced by rate revision effective	01/01/2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
<ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> </ol>		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$2,754,951	+6.4%
Brief description of filing, (If filing follo	(territories) or certain classes? If so, specify: ws rates of an advisory organization, specific currently filed loss cost multiplier of 1.362	ify organization): Adoption of NCCI's
*Adjusted to reflect all prior rate change	s.	
**Change in Company's premium level t	which will result from application of new rates	
	National T	rust Insurance Company
		Name of Company
	Debra J. Comsto	ock, Regulatory Filing Specialist
•		Official - Title



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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGRIGHD

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

JUN 1 2 2007

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FORM (RF-3) SUMMARY SHEET IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Cha	inge in Company's premium or rate level pr (1)	oduced by rate revision em	ective June 1, 2007. (3)
	( ) ,	Annual Premium	Percent
	Coverage	Volume (Illinois)_*	Change (+or-) **
1.	Automobile Liability Private		
	Passenger	<u>.</u>	
	Commercial		
2	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
	Glass		
6.	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Morkers Comp.	\$12,700,000	(-5%)
	Life of Insurance		
	es filing only apply to certain territory (territory	ries) or certain 42, 8810, 8824, 8825, 882	6 6670 6637 8633
Cla	sses? If so, specify: Yes; 7380, 87 8835, 8868, 9040, 9929	42, 0010, 0024, 0025, 0025	0, 0029, 0032, 0033,
	of description of filing. (If filing follows rates	of an advisory	
Org	anization, specify organization):		
Dat	e level decrease for all class codes except	9929 remained the same ra	ate as expiring
Nat	e level decicase for all class codes except		ato do oxpittig.
*Ad	justed to reflect all prior rate changes.		
**C	hange in Company's premium level which v	vill result from application o	f new rates.
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		_
	FILED	NHRMA Mutual Insuran	
		Name of C	ompany
	JUN 0 1 2007		
		Alan Gapinski, CEO	
	CODINGEIEI D. II I INGIS	Official -	- Title

DEC 1 0 2007

Form (RF-3)

### ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE

March 1, 2008 Change in Company's premium or rate level produced by rate revision effective (2) (3) (1) Percent **Annual Premium** Volume (Illinois)\* Change (+ or -)\*\* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto Burglary and Theft 4. 5. Glass 6. **Fidelity** 7. Surety **Boiler and Machinery** 8. 9. Fire Extended Coverage 10. 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril Crop Hail 14. 5,799,719 (CY2006) 4.0% 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

To adopt NCCI's 1/1/2008 loss costs

The North River Insurance Company

Name of Company

Official - Title

DIVISION OF INSURANCE STATE OF ILL EX ED

MAR 0 1 2008

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

Illinois

NOV - 9 2007

DEPR (MEC) DIVISION OF INSUPANCE SPRINGUELD

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	voidino (illinoio)	J. J
Private Passenger		
Commercial		
***************************************		
2. Automobile Physical Damage		
Private Passenger Commercial		<del></del>
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	16,473,516	-3.8 %
16. Other		
Line of Insurance		<del></del>
Does filing only apply to certain territory (territories) or certain	classes? If so, specify No	
Brief description of filing (if filing follows rates of an advisory or change Pacific Employers Insurance Company's Deviation	ganization, specify organizat n from 25% to 20%.	tion) Adopt 1/1/08 Advisory Rates and

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

#### SUMMARY SHEET

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Change in Company's premium or rate level produced by rate revision of INSURANCE effective February 1, 2008 New; March 1, 2008 Renewal.

(1)		(2)	(3)
·		Annual Premium	Percent
Coverage		Volume (Illinois)*	Change (+ or -)**
<del></del>		(12221010)	ondings (+ of )
<ol> <li>Automobile Liability</li> </ol>			
Private Passenger			•
Commercial		<del></del>	
2. Automobile Physical Dan	maσe		<del></del>
Private Passenger			
Commercial			
3. Liability Other Than A			<del></del>
4. Burglary and Theft			<del></del>
<ol> <li>Burglary and Theft</li> <li>Glass</li> </ol>	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		<del></del>
	FILED		
6. Fidelity			
7. Surety	FEB <b>0 1</b> 2008		
8. Boiler and Machinery	LED 0 1 7000		
9. Fire			
10. Extended Coverage	SPRINGFIELD, ILLINOIS		
ll. Inland Marine	SPAINCH LEED I LEAVE		
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensat	: <u>io</u> n	\$45,002,208	+5.6%
Line of Insurance	ce		
Does filing only apply to cospecify: No	ertain territory (territ	ories) or certain cla	isses? If so,
Brief description of filing. organization): Adopt N	. (If filing follows ra	tes of an advisory or	ganization, specify
The state of the s			
*Adjusted to reflect all pr **Change in Company's premius result from application of	um level which will		
	·		
·		PEKIN INSURANCE CON	(DANV
		Name of Con	
		Manie of Con	- Company
			*
	the second second second	066:2121	73418
•		Official -	LECTA

R.M. McGann - Directory of Pricing & Regulatory Filings, Assistant Secretary

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

Change in Company's premium or rate level prod	uced by rate revision effective	<u>January 1, 2008</u>
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	Volume (minors)	Change (* of =)
Private Passenger		
Commercial	<del></del>	
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto	<del></del>	
Burglary and Theft	<del></del>	
5. Glass		<del></del>
6. Fidelity	<del></del>	
7. Surety		
8. Boiler and Machinery		<del></del>
9. Fire		
10. Extended Coverage		
11. Inland Marine		<del></del>
12. Homeowners	<del></del>	<del></del>
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,921,050	+4.0%
16. Other Line of Insurance		· · · · · · · · · · · · · · · · · · ·
End of Ributanoo		
At this time, the Pennsylvania III #12262) files to adopt the loss cosour approved 1.540 LCM.	n advisory organization, specify organization	Insurance Company (
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w	.,	ylvania Manufacturers'
		ation Insurance Company  Name of Company
	Linda R	. Greer- WC Product Analyst
	Official -	_ Titlo

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

Change in Company's premium or rate	oduced by rate revision effective	<u>January 1, 2008</u>
(1) Coverage	(2) Annual Premium Volume (Illinois)'	
Automobile Liability     Private Passenger	Volume (minors)	
Commercial		
Automobile Physical Damage     Private Passenger		
Commercial		<u> </u>
3. Liability Other than Auto		<del></del>
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	STATE OF THE PROPERTY OF THE P	
Boiler and Machinery		
9. Fire		
10. Extended Coverage	= 2008	
11. Inland Marine	10 M V 2 7 1100	
12. Homeowners		
13. Commercial Multi-Peril	s as was 1	
14. Crop Hail	54.252	
15. Workers Compensation	51,262	+4.0%
16. Other		
Line of Insurance		
Oces filing only apply to certain territory  Brief description of filing (if filing follows  At this time, the Pennsylva	of an advisory organization, specify org	company (NAIC #41424) files to
1.250 LCM	IN NCCI'S TIIING #IL-2007-0	B for use against our approve
* Adjusted to reflect all prior rate ch ** Change in Company's premium le	h will result from application of new rates.	
		nnsylvania Manufacturers Indemnity mpany
		Name of Company
	1 in	da R. Greer- WC Product Analyst

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		2-1-2008
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers' Compensation         Line of Insurance</li> <li>Does filing only apply to certain territory</li> </ol>	2,450,000  (territories) or certain classes? If so, specify:	3.2% All classes
*Adjusted to reflect all prior rate change		
— <del>Grango ir Gompany</del> 3 premium iever i	Pharmacists N	Mutual Insurance Company lame of Company
•	Heidi T. Allen - Ma	anager, Rates/Research & Dev Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED

FEB 0 1 2008

DEC - 4 2007

IDFPR (MPC)
DIVISION OF INTURANCE

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January	<u>⊥</u> ,.	2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or ~)**
Coverage  1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation	• ,	
Line of the urance PINGFIELD, ILLINOIS  Does filing only apply to certain territory (territories) or certain class  Brief description of filing (if filing follows rates of an advisory organical contents to the contents of		Drot octive Traverse
Company is a member of NCCI. We wish referenced in NCCI Circular IL-2007		approved advisory rates

Protective Insurance Company Name of Company

Jeremy Jaynes - Compliance Analyst Official - Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

#### SUMMARY SHEET

	DI SI
ĺ	JAN 0 1 2009
	SPAINGFIELD, ILLINOIS

(1) Coverage -	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **			
Automobile Liability Private					
Passenger					
Commercial					
Automobile Physical Damag					
Private Passenger		•			
Commercial					
iability Other Than Auto		· · · · · · · · · · · · · · · · · · ·			
Burglary and Theft					
Blass					
idelity	<del> </del>				
Surety		<u></u>			
Boiler and Machinery	M=	<del></del>			
ire					
Extended Coverage					
nland Marine		<del></del>			
domeowners					
Commercial Multi-Peril	<del></del>				
Cron Hail					
Other WORKERS COMPENSATION	· · · · · · · · · · · · · · · · · · ·	, +1.89%			
Life of Insurance	JN 137241	. 41.000			
Does filing only apply to certain	territory (territories) or	certain			
Classes? If so,					
specify: NO					
Brief description of filing. (If filing follows rates of an advisory					
	ny ronows rates or arra	G11007 J			
Organization, specify		,			
Organization, specify		,			
Organization, specify	ADOPTION OF AP				
Organization, specify organization):  NCCI LOSS COSTS. WE A	ADOPTION OF AP RE RETAINING THE				
Organization, specify organization):  NCCI LOSS COSTS. WE A *Adjusted to reflect all prior rate **Change in Company's premiu	ADOPTION OF AP RE RETAINING THE changes.	PROVED 1-1-2008 CURRENT LCM OF			
Organization, specify organization):  NCCI LOSS COSTS. WE A *Adjusted to reflect all prior rate **Change in Company's premiu	ADOPTION OF AP RE RETAINING THE changes. Im level which will resu	PROVED 1-1-2008 CURRENT LCM OF			
Organization, specify organization):  NCCI LOSS COSTS. WE A *Adjusted to reflect all prior rate	ADOPTION OF APRE RETAINING THE changes. Im level which will resu	PROVED 1-1-2008 CURRENT LCM OF			
Organization, specify organization):  NCCI LOSS COSTS. WE A *Adjusted to reflect all prior rate **Change in Company's premiu	ADOPTION OF AP RE RETAINING THE changes. Im level which will resu TRIANGLE I	PROVED 1-1-2008 CURRENT LCM OF  It from application of			

#### SUMMARY SHEET

Change in Cor	mpany's p	premium	or	rate	level	produced	by	rate
revision effe								

(1)	(2)	(3)		
Correspond	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**		
Coverage	volume (IIIIIOIS)"	change (1 of )		
1. Automobile Liability				
Private Passenger				
Commercial 2. Automobile Physical Damage				
Private Passenger				
Commercial		<del></del>		
3. Liability Other Than Auto	<del></del>			
4. Burglary and Theft	· · · · · · · · · · · · · · · · · · ·			
5. Glass				
6. Fidelity				
7. Surety				
<ol><li>Boiler and Machinery</li></ol>				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail	10 015 555	+// ¥		
15. Other Workers Compensation Line of Insurance	10,015,565	77.0		
blue of Insulance				
Does filing only apply to certain  If so, specify:	territory (territories)or	certain classes?		
Brief description of filing. (If		n advisory		
organization, specify organization	n):			
* Adjusted to reflect all prior :	rate changes			
** Change in Company's premium lev	vel which will			
result from application of new				
	OPOUDA TRANSPORTE A MANAGEMENT			
SECURA Insurance, A Mutual Company Name of Company				
	Manie of combat	• <b>y</b>		
	4			
	Daniel P. Ferris -			
	Official - Tit	le		
H29219D				

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3-1-08

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>		
1.	Automobile Liability Private				
	Passenger Commercial		0.0%		
2.	Automobile Physical Damage	<del></del>			
	Private Passenger Commercial		0.0%		
3.	Liability Other Than Auto		0.0%		
4.	Burglary and Theft		0.0%		
5.	Glass		0.0%		
6.	Fidelity		0.0%		
7.	Surety		0.0%		
8.	Boiler and Machinery		0.0%		
9.	Fire		0.0%		
10.	Extended Coverage		0.0%		
11.	Inland Marine		0.0%		
12.	Homeowners		0.0%		
13.	Commercial Multi-Peril		0.0%		
	Crop Hail		0.0%		
15.	Other wc	1,763,053	3.70%		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  No  Brief description of filing. (If filing follows rates of an advisory organization, specify organization):					
		tions for 8 classifications which we are filing final rates. I			
	inal rates are the same as previously approved b				
		<u> </u>			
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.					
	Star Insurance Company				
			ime of Company		
		Compliance Analyst			
			Official Title		



### ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

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IDFPR (MPC)
March 1, 2008 DIVISION OF INSURANCE

Change in Company's premium or rate level produced by rate revision effective

(3) (2) (1) Percent **Annual Premium** Volume (Illinois)\* Change (+ or -)\*\* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. Fire 10. **Extended Coverage** 11. Inland Marine 12. Homeowners Commercial Multi-Peril 13. 14. Crop Hail Other Workers Compensation 5,638,784 (CY2006) 4.0% 15. Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): To adopt NCCI's 1/1/2008 loss costs

Name of Company

Outh O. Company

MAR 0 1 2008

SPRINGFIELD, INLINOIS

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	1/1/08		
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
<ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ol>			
15. Other Worker's Compensation Line of Insurance	\$3,648,090	1.6%	
Does filing only apply to certain territory of Brief description of filing. (If filing follows We are filing to adopt loss costs effective			
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	es.	
· · · · · · · · · · · · · · · · · · ·		cialty Insurance Company	
	XL OBC	Name of Company	
	Boyd Ada	ms-Assistant Vice President Official - Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

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